

March 1, 2016

**WRITTEN TESTIMONY ON RAISED BILL 160: AN ACT CONCERNING INSURED'S ACCESS TO HEALTH INSURERS FOR THE PROCESSING OF CERTAIN PRIOR AUTHORIZATION REQUESTS.**

Esteemed Members of the Insurance and Real Estate Committee,

My name is Jordana Frost and I am a Connecticut voting resident and tax payer. A public health professional with expertise in maternal and child health and a practicing childbirth doula, I am also a member of the Connecticut Maternal and Child Health Coalition, the Connecticut Chapter of Postpartum Support International, the Connecticut Doula Collective and the Mansfield Advocates for Children.

I am proud of our state's legislators for considering **Raised Bill 160: "An Act concerning insured's access to health insurers for the processing of certain prior authorization request."** I urge you to support this very important bill which proposes to "require health insurers that require prior authorization for the inter-hospital transfer of a newborn infant or such newborn infant's mother to establish and maintain a manned, twenty-four-hour telephone number for the issuance of decisions regarding such prior authorization requests."

As you well know, babies often surprise us with their unpredictable timing: there is no telling when labor may begin, and in fact it seems like most babies, when their labors are minimally intervened with, are born in the middle of the night or wee hours of the morning. **In order to adequately protect the needs of fragile infants and mothers who may be experiencing complications during childbirth, it is imperative that insurance companies are as adequately prepared as are our excellent health care providers to provide timely quality and safe care and services to its members and patients, especially those most vulnerable.**

When my first daughter was born, I was not able to see her or hold her for the first four hours of her life. Thank goodness, she was healthy, though experiencing some breathing difficulties and closely followed in the special care nursery. I was in a separate room, in the same hospital, recovering from an unplanned cesarean birth. The circumstances of my own daughter's birth and early postpartum period were such that I ended up suffering from Post-Traumatic Stress Disorder (PTSD). Research has documented that how birth unfolds can influence early attachment, breastfeeding initiation and duration, the mother's mental health and wellbeing, as well as her long-term physiological and reproductive health. Birth trauma is defined as "an event occurring during labor and delivery that involves real or threatened serious injury or death to the mother or her infant. The birthing woman experiences intense fear, helplessness, loss of control, or horror." In addition to a higher likelihood of developing post-traumatic stress symptoms such as reoccurring nightmares, intruding flashbacks, panic, anger, depression, and suicidal thoughts deeply affecting maternal mental health and wellbeing, research has shown traumatic childbirth to be associated with disrupted relationships with partners and infants, increased stress and pressure surrounding breastfeeding and milk supply, emotional struggles around the time of the baby's birthday (birth trauma) anniversary, as well as upon a subsequent pregnancy. An analysis conducted with a sample of over 1,500 U.S. mothers, revealed that as many as 9% of them met all the qualifying criteria for Post-Traumatic Stress Disorder (PTSD), while approximately a quarter experienced some, not all, related symptoms. Birth matters, and so do the very early hours postpartum, when the MotherBaby dyad should, ideally, be able to recover in close proximity to each other.

My story is nowhere close to the traumatic experiences that gave rise to this bill, also known as Baby William's bill, in memory of William Parker. Baby William passed away from complications shortly after his premature birth and before being able to meet his own mother, Debbie, who was not able to be transferred in a timely manner because of the lack of a manned 24-hour telephone number at her insurance company that could be used to receive a timely inter-hospital transfer decision. His father, Nick, spent the first and last hours of William's short life torn between one hospital where Debbie was receiving care, and another hospital where their prematurely born twins were fighting for their life, AND... the phone (!!!), trying to get through to someone at the insurance company, who could provide a timely and very important service to his family - the authorization to move Debbie to the same hospital as their fragile twins: **no one was there to answer the call.**

In a time when we increasingly speak of broad systems changes, patient-centered and trauma-informed care, the importance of mental health supports and care, and the reduction of preventable health care expenses, this proposed bill would serve a tremendous purpose in patching up a relatively small, yet very impactful gap in the system, and potentially preventing adverse health outcomes for both mothers and babies who may need timely authorizations and care delivery at all hours of the day and night.

**Please support Raised Bill 160: "An Act concerning insureds' access to health insurers for the processing of certain prior authorization request" and help to continue moving the needle in our state when it comes to improving access to safe and quality care that is patient-centered and trauma-informed.**

Thank you for considering my position.

Respectfully submitted,

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